

**CHECKLIST FOR HEALTH CARE SERVICE PLANS  
NEW LICENSE APPLICATIONS  
MEDICARE ADVANTAGE AND MEDICARE PRESCRIPTION DRUG PLANS ONLY**

**General Filing Information**

- ☐ The laws relating to health care service plans may be found at [www.dmhc.ca.gov](http://www.dmhc.ca.gov).<sup>1</sup>
- ☐ Complete the Financial Projections Data Source Checklist (Attachment 1) if there is not an actuarial report submitted supporting the financial projections.
- ☐ Applicant should request a pre-filing conference with Department of Managed Health Care (“DMHC”) [licensing counsel and financial examiner] to discuss the application prior to filing.
- ☐ License approvals require an average time of four (4) to six (6) months. A complete, careful, and thorough initial application will limit delays. The applicant’s ability to respond in a timely manner to requests from the DMHC for additional information, documentation and changes necessary to establish compliance may also impact the timeliness of the application process. Please take this review time into account when considering application deadlines from CMS. The DMHC cannot guarantee licensure by a particular date.
- ☐ Applicants must submit filing information/documents/emails electronically through the DMHC’s eFiling system. (See section below “Electronic Filing Requirements.”)

**For Each Exhibit**

- ☐ Include page numbers on all exhibits.
- ☐ Submit clearly legible electronic reproductions. (Please note that the eFiling system displays the uploaded electronic documents only in black and white to reviewers.)

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<sup>1</sup> The laws administered by the Department of Managed Health Care are found in the Knox-Keene Health Care Service Plan Act of 1975. California Health and Safety Code Sections 1340 et seq. (the “Act”). References herein to “Section” are to Sections of the Act. References to “Rule” refer to the regulations promulgated by the Department at Title 28 California Code of Regulations.

- ☐ Review all proposed revisions prior to filing them to avoid errors and ensure consistency between exhibits.
- ☐ For an exhibit for which confidentiality is being requested (partial or entirely), the Applicant must comply with Rule 1007, including submitting a separate, public Request for Confidentiality and filing the exhibit appropriately as public and confidential. (Please see the Request for Confidentiality Checklist which is posted in the E-filing system.)
- ☐ Amendments to the initial application must comply with Rule 1300.52, specifically, changes to the information previously filed must be redlined/black-lined.

### **Electronic Filing Requirements**

- ☐ All filings, including the application for licensure, must be submitted electronically pursuant to Rule 1300.41.8. This filing process is referred to as “eFiling.”
- ☐ Each individual authorized to submit E-Filings on behalf of the plan must file an Electronic Filing Signature Verification Contract with an original signature with the DMHC.
- ☐ Once the DMHC receives a completed Signature Verification Contract, that individual will be issued a Login and Password to submit filings on behalf of the plan.
- ☐ To request an Electronic Filing Signature Verification Contract, or for more information on obtaining an eFiling Login and Password, please send an email to [LicensingFiling@dmhc.ca.gov](mailto:LicensingFiling@dmhc.ca.gov) or call (916) 322-5393.

For questions concerning this checklist, please contact Nancy Wong at (916) 322-1955 or [nwong@dmhc.ca.gov](mailto:nwong@dmhc.ca.gov). For questions concerning Attachment 1, please contact Mike Cleary at (916) 255- 2448 or [mcleary@dmhc.ca.gov](mailto:mcleary@dmhc.ca.gov).

**CHECKLIST OF EXHIBITS FOR NEW LICENSE APPLICATION FOR  
MEDICARE ADVANTAGE OR MEDICARE PART D LINE OF BUSINESS**

**Exhibits to be Filed**

This checklist is to assist an applicant filing for a Medicare Advantage or Medicare Part D license in California.

*(See Health & Safety Code § 1351 and Title 28, Cal. Code of Regs. § 1300.51 for specific requirements for each exhibit.)*

**Exhibit A-D Execution Page:**

- ☐ A: Identification of Plan
- ☐ B: Type of Filing
- ☐ C: Type of Plan Contract
- ☐ D: Contact Person
- ☐ E: Other Agencies

**Exhibits:**

- ☐ Exhibit E: Summary of Information in Application
  - ☐ E-1: Summary Description of Plan Organization and Operation
    - Include the Applicant's legal name and any dba's
    - Include the physical location (street address, city, state and country) of *personnel* who perform any financial functions on behalf of the plan and the employing company. Example: Key data entry of claims by XYZ, Inc. in Dublin, Ireland.
    - Include the physical location (street address, city, state and country) of the Applicant's *books and records* related to corporate governance, claims and accounting. Include the same information for books and records maintained by any entity performing claims and accounting services on behalf of the applicant.
    - Background on Applicant, parent, and affiliates (also info regarding presence in other states)

- Whether the Applicant is currently operating in CA or elsewhere under CMS waivers (Part D only)
- Ownership, Corporate Structure information
- All relevant information known to the applicant concerning whether the plan, its parent, or any other affiliate of the plan, or any controlling person, officer, director, or other person occupying a principal management or supervisory position in the plan, management company, or other affiliate, has:
  - Any history of noncompliance with applicable state or federal laws, regulations, or requirements related to providing, or arranging to provide for, health care services or benefits in this state or any other state or any under federal program
  - Any current investigations or lawsuits pending regarding compliance with applicable state or federal laws, regulations, or requirements related to providing, or arranging to provide for, health care services or benefits
- Any other information the applicant feels would be relevant in considering the application that may not be included in the other required exhibits
- Include the name and telephone number of the Applicant's contact, knowledgeable about the details of the filing

☐ E-2: Summary Description of Start Up<sup>2</sup>

- Milestone dates for contracting with CMS, including any final date by which the Applicant must be licensed by State of CA
- Assuming Applicant is given a contract by CMS, first possible date Applicant can begin accepting enrollment
- Name of Applicant's CMS contact and their contact information, including phone and email
- Enrollment projections
- Further explanation of exhibits which need background to be clearly understood (e.g. administrative services agreements in Exhibit N)
- A summary of all exhibits filed, with a short description of each (unless the previous bullet is applicable)
- Services to be offered, benefit plans to be offered, general service area (need not be detailed)

☐ Exhibit F: Organization and Affiliated Persons

☐ F-1 Type of Organization

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<sup>2</sup> Check that all page numbers referenced correspond to the printed page numbers in each exhibit as filed.

- ☐ F-1-a-i Articles of Incorporation
- ☐ F-1-a-ii Corporate By-laws
- ☐ F-1-a-iii Corporate Information Form
  - Including, but not limited to, the following: Chief Executive Officer, President, Chief Financial Officer, and Chief Medical Officer
- ☐ F-1-f Individual Information Sheet
  - Anyone named in F-1-a-iii must have a corresponding Individual Information Sheet
- ☐ F-2-a Contracts with Affiliated Persons, Principal Creditors and Providers of Administrative Services
- ☐ F-2-b Surplus Notes and Subordination Agreements
- ☐ F-3 Other Controlling Persons
- ☐ F-4 Criminal, Civil & Administrative Proceedings
- ☐ F-5 Employment of Barred Persons
- ☐ Exhibit G: Miscellaneous
  - ☐ G-1 §1300.51.2 Consent to Service of Process Form
  - ☐ G-2 Authorization of Disclosure of Financial Information Form
- ☐ Exhibit K-3: Contracts with Providers (Compensation only)
- ☐ Exhibit L: Organization Chart
  - At a minimum, the Applicant's organization chart depicting the licensee's Board of Directors (names required) key management and officers must include the CEO, President, CFO, COO, Medical Director/Chief Medical Officer and Head of Claims
  - Show committees and committee membership
  - Include a separate organization chart showing all the Applicant's affiliates, with their respective Board of Directors and key management and officers

☐ Exhibit M: Narrative Information☐ M-1 Narrative explanation of the organization chart. Include the following information:

- Number of Applicant's employees
- Indicate the identity of the employer of the following: CEO, President, CFO, COO, CMO, and Head of Claims
- If any of the positions in the above bullet have not been filled, please provide the anticipated hiring date for the vacant position
- Physical location (street address, city, state and country) of the headquarters of CFO and Accounting and Claims Departments
- Physical location (street address, city, state and country) of claims processing and employees who oversee claims processing
- Legal name of entity, if any, performing claims processing functions on behalf of the Applicant
- Include in the information whether claims are processed electronically
- Identify entity which employs claims processors
- For Part D applicants, explain how pharmacy claims are processed, including whether claims are processed electronically

☐ M-2 For each individual named in Exhibit L, a narrative of their responsibilities, the percentage of time devoted to each function, if they have responsibilities with affiliates, and if so, the percentage of time they will work for the Applicant☐ M-4 Unredacted Resumes (Confidential) – for those named in Exhibit L (Applicant's organizational chart only)☐ M-5 Redacted Resumes (Public) - for those named in Exhibit L (Applicant's organizational chart only)☐ Exhibit N: Contracts for Administrative Services.☐ N-1 Contracts

- Include a copy of the entire administrative services agreement

(If the contract is for solicitation services only, see Exhibit BB below.)

- ☐ N-2 Applicant's administrative arrangements to monitor performance
- ☐ Exhibit O: Separation of medical services from fiscal and administrative management (a narrative)
- ☐ Exhibit BB: Solicitor Contracts
  - File only the templates, including compensation (Show compensation, per template)
- ☐ Exhibit DD: Individual Contract Enrollment Projections
  - ☐ DD-1 Projections
  - ☐ DD-2 Substantiation of Projections
- ☐ Exhibit EE: Summary Enrollment Projections
- ☐ Exhibit FF: Prepaid and Periodic Charges
  - ☐ FF-1 Determination of Prepaid Charges
  - ☐ FF-2 Schedule of Prepaid Charges
  - ☐ FF-3 Collection of Prepaid Charges
- ☐ Exhibit GG: Current Financial Viability, including TNE
  - ☐ GG-1 Financial Statements
  - ☐ GG-2 Tangible Net Equity
- ☐ Exhibit HH: Projected Financial Viability
  - ☐ HH-1 Projected Financial Statements
  - ☐ HH-2 Projected Financial Statements, month and quarter
  - ☐ HH-3 Substantiation of Projections in 1. and 2
  - ☐ HH-4 Reimbursements
  - ☐ HH-5 Administrative Costs

- ☐ HH-6 Provision for Extraordinary Losses
- ☐ Exhibit II: Fiscal Arrangements
  - ☐ II-1 Maintenance of Financial Viability
  - ☐ II-2 Capitation Payments to Providers
  - ☐ II-3 Risk of Insolvency
  - ☐ II-4 Provider Claims
  - ☐ II-5 Other Business

(Revised 6-23-10)

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**This Checklist is provided for guidance and reference purposes only and you are required to review and comply with the Knox-Keene Act and Title 28 Regulations and other applicable laws.**